

# Nebraska Commission for the Deaf and Hard of Hearing

## Sertoma Hearing Aid Bank Application

### I. PERSONAL INFORMATION

Last Name	First Name	Middle Name	Male/Female
Street Address			Apt. Number
City	State	Zip Code	
-	-	( )	
Social Security Number	Birth Date	Telephone Number	

### II. INCOME INFORMATION

A. Monthly Income (Wages, Social Security, Benefits, Interest):

\$\_\_\_\_\_ per month

B. Current amount in savings: \$\_\_\_\_\_

C. Any Other Holdings:

Certificate of Deposit \$\_\_\_\_\_

Stocks/Bonds/Other \$\_\_\_\_\_

D. Please check if you receive income from any of these sources:

\_\_\_\_\_ Full or Part-Time employment

\_\_\_\_\_ Social Security (SSI, SSDI)

\_\_\_\_\_ Welfare Benefits (ADS, Unemployment, Medicaid)

\_\_\_\_\_ Alimony, Child Support

\_\_\_\_\_ Veteran's Benefits

\_\_\_\_\_ Other \_\_\_\_\_

### III. FAMILY INFORMATION

\_\_\_\_\_ Live Alone

\_\_\_\_\_ Live with Family Member

\_\_\_\_\_ Live in a Nursing Home

\_\_\_\_\_ Live with Husband/Wife-Spouse's Monthly Income \$\_\_\_\_\_

\_\_\_\_\_ Number of Dependents – Please list ages: \_\_\_\_\_

**BE SURE TO COMPLETE THE BACK OF THIS FORM -- THANK YOU**

#### IV. EXPENSE INFORMATION

\$ \_\_\_\_\_ Rent/House Payment per month  
\$ \_\_\_\_\_ Utilities per month  
\$ \_\_\_\_\_ Transportations per month  
\$ \_\_\_\_\_ **Medical Expenses - Please Explain:**

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V. Please feel free to list any other information you feel would be helpful to understand your financial situation and to make a better decision about your eligibility. Have you applied for any other financial assistance? If so, with who and what was the outcome?

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I certify that the above information is accurate: \_\_\_\_\_

*Signature*

\_\_\_\_\_  
*Date Signed*

#### Please return this form to:

Donita Mains  
Nebraska Commission for the Deaf and Hard of Hearing  
200 South Silber Room 207  
North Platte, NE 69101-4298  
(308) 535-6600 v/tty  
Toll Free - 1-888-713-3118 v/tty  
Fax – (308) 535-8175  
E-Mail - [northplatte.office@ncdhh.ne.gov](mailto:northplatte.office@ncdhh.ne.gov)